

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10579457 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		3				
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1	3	1			
10	1	3	1			
11	1		1			
12	2		1			
13	1		1			
14	1		1			
15	1		1			
16	2		1			
17	2		1			
18	1		1			
19	1		1			
20	1		1			
21	2		1			
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TOTAL IND.			↓	↓		↓
TOTAL DEP.		←	15	←	←	←
TOTAL CLAIMS		21				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		←	15	←	←	←
TOTAL CLAIMS		21				